

Troy Recreation Department 2016-17 Adult Basketball Team Roster

Team Name _____ **Division** _____

Manager's Name _____ **Phone** _____ **Phone** _____ **Email** _____

Assistant Manager's Name _____ **Phone** _____ **Phone** _____ **Email** _____

es, Emp,

Print Player's Name	Address	City	Zip	Home Phone	Work Phone	Birthdate	Age	Driver's License	Employer - City of Employer or Non-Res?
---------------------	---------	------	-----	------------	------------	-----------	-----	------------------	---

[illegible]

Release of Liability

Team Name

Division

By signing the Release of Liability below, I voluntarily release and hold harmless the City of Troy and the City of Troy School District, and any representatives, agents, employees or volunteers for either the City of Troy or City of Troy School District from all liability for all types of damages and injuries, whether foreseeable or not, sustained by myself, my family and guests while participating, watching and traveling to or from this activity. This release includes, but is not limited to, the condition of the playing area, and the acts or omissions of other players, managers, officials, groundskeepers and spectators. I agree to accept all responsibility and liability in case of an accident to myself, my family and guests during all league and practice play. I also agree to abide by the rules and regulations of the program and the rules of good sportsmanship and to conduct myself as a gentleman/lady at all times - both on and off the playing field. I also agree that the information about myself provided on the front of this document is correct. I am signing this release in the presence of the manager of the team to indicate that I have read, understand, and agree to the release as set forth above.

Leave Blank
(Office Use Only)

Print Player’s Name	Player’s Signature	Date	Release Date - Mgr Sign.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

As manager of the team and players listed above and on the opposite side, I have this _____ day of _____, 20 ____, duly registered these players and have informed them of the rules and regulations of the program. I understand that misrepresentation of any of the above information will be cause for the penalty as described in the league rules and regulations.

Manager Signature

Date

ALL PARTICIPANTS SHOULD BE PREPARED FOR PLAYER IDENTIFICATION CHECKS THROUGHOUT THE SEASON.

ALL PLAYERS SHOULD HAVE THEIR DRIVER’S LICENSE IN THEIR POSSESSION AT ALL TIMES. FAILURE TO PROVIDE A CURRENT VALID MICHIGAN DRIVER’S LICENSE (WITH PHOTO) OR A STATE OF MICHIGAN PICTURE ID, MAY RESULT IN FORFEITURE OF A GAME AND FURTHER SUSPENSION.

* * *

BOTH SIDES OF THIS FORM MUST BE FULLY COMPLETED!!!

* * *